

HARRIS COUNTY, TEXAS

APPLICATION FOR EMPLOYMENT

Please return application to:

Human Resources & Risk Management 1310 Prairie, Suite 170 Houston, Texas 77002

> By E-mail as attachment to: JobApps@bmd.hctx.net

Job Hotline (713) 755-5044 Office (713) 755-5250 TDD (713) 755-6870 **Internet Address:**

www.harriscountytx.gov/hrrm

Please read the following before completing application.

Applicants are considered without regard to race, color, religion, sex, national origin, age or disability. Applications must be filled out completely, ALL

First Name	Middle Name	Last Name			Social Security Number (Last 4 digits)			
					XXX - XX -			
Other Names (List any oth	ner names used if different from abo	ve)		"	Phone Number:			
Current Address:	(Number/Street/City/State/Zip C	Code)			Alternate Number	er:		
E-mail Address:			Are you be	etween 18-	20 years old?			
			Are you at	Are you at least 21 years old?				
are you authorized to work	c in the United States? YES	NO	•					
	Please provide Job Announcemen	t Number and Job Title fo	or the position for which	ch you wis	h to apply.			
Job/Annou	incement Number		Job Title					
Date you can start	:	REI	FERRED BY:					
	hat require the "Clerical Skills Test' uired to take the test. Test scores ar					pplication is		
		EDUCATION	11	8	, 			
High School Name:		City/State	Graduated:	YES	Diploma	G.E.D		
			5744441041	NO	Last Grade Comple			
College / Jr. College / Tech	nical School:	City/State	Type of Diplom					
2-11			T					
College:		City/State	Type of Degree	:				
Major:		Minor:			Undergraduate H	ours:		
raduate Studies:			Graduate Hours	:	*Transcripts may l	oe required.		
TEST SCORES	DATE:	FOR OFFICE USE ONLY	Y FORAL BILINGUAL		PASSN	OT PASS		
TYPING SPEED:	WPM ACCURACY%		*WRITTEN BILINGUA	L	PASSN	OT PASS		
	% OVERALL							

*READING COMPREHENSION

GENERAL DATA

Answer items 1 through 6 by placing an "X" in the proper co	olumn.		YES	NO
1. Are you now working for or have you previously worked for Harri	is County? If yes, un	der what name?		
2. Do you or does your spouse have any relatives presently working f the name(s), relationship and the department in which employed.	or or holding office	in Harris County government? If yes, please list		
3. Are you aware of any reason which would keep you from being bor	nded? If yes, descri	be.		
4. Are you licensed to operate a motor vehicle?				
If Yes, Driver's License No.	State: Class	ss: Expiration Date:		
If No, Identification No.	D.L. Endorsement,			
5. Are you willing to work the hours assigned?				
6. Have you ever been convicted for a crime? (Exclude convictions the convictions for which probation was completed and the case was defined in the case use the space below to briefly describe the nature of of the case. Harris County will not deny employment to any applicacion County, however, may consider the nature, date and circumstance of the position applied.	lismissed). the crime(s), the da cant solely because t	te and place of conviction and the legal disposition he person has been convicted of a crime. The		
If YES, please use the space below to briefly describe the pending c				
8. Other language(s) fluently Spoken:	Read:	Write:		
9. Machine and equipment skills:12. Special qualifications and skills: (Use this space to indicate any, sl	10. Typing/WPM	11. PC software applications:		
position you seek.)				

EMPLOYMENT HISTORY

Employer:			Job Title:				
Address: (Number/Street/C	ity/State/Zip Code)		Supervisor's	s Name & Title:			
From: (Month/Year)	To: (Month/Year)	Final Salary:	:	No. Of Persons Supe	rvised:		Full Time
Reason For Leaving:			May we contact		YES	NO	Part Time
Duties:			Phone Number:	:			Temporary
Employer: Address: (Number/Street/Ci	ity/Stata/7in Coda)		Job Title:	s Name & Title:			
				, Name & True.			
From: (Month/Year)	To: (Month/Year)	Final Salary:	;	No. Of Persons Super	rvised:		Full Time
Reason For Leaving:			May we contact Phone Number:		YES	NO	Part Time Temporary
Duties:			Thone Number.				Temperary

Reason For Leaving: May we contact this employer? YES NO Phone Number: *For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form. *REFERENCES* List three persons other than relatives who have definite knowledge of your qualifications. *Full Name* Home or Business Address* Phone Number Business or Occupation Acquainted	Employer:		Job Ti	le:		
Reason For Leaving: May we contact this employer? YES NO Part Time Temporary *For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form. REFERENCES List three persons other than relatives who have definite knowledge of your qualifications. Full Name Home or Business Address (Number/Street/City/State/Zip Code) Phone Number Business or Years Full Name (Number/Street/City/State/Zip Code) Phone Number Business or Acquainted Business or Years Acquainted By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have wo or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have kept in the usual course of business, including but not limited to; drug and alcohol test results obtained within six months of the date request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard temployment. Lauthorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omission falsification, my application may be rejected, or if already employed, my employment may be terminated. References and preemployers will be contacted to confirm statements unless otherwise indicated. I also understand that if offered employment by Harris County will be required to pass a drug test as a condition of employment.	Address: (Number/Street/	City/State/Zip Code)	Superv	risor's Name & Title:		
*For additional employment history or "volunteer work" information, please use the "Supplemental or Volunteer Information Sheet" and attach to this form. *REFERENCES List three persons other than relatives who have definite knowledge of your qualifications. Home of Business Address Full Name Home of Business Address (Number/Street/City/State/Zip Code) Phone Number Business or Years Acquainted By submitting and signing this application, I authorize and request any public or private business or other employee for whom I have wo or been employed, or with whom I have sought employment, to supply Harris County with any and all records pertaining to me that have tept in the usual course of business, including but not limited to; drug and alcohol test results obtained within as months of the date request for information by Harris County. The information obtained may be used by Harris County in making decisions with regard temployment. I authorize investigation of all statements contained in this application. I certify that there are no willful misrepresentations, omission dislikifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentations in the foregoing statements and answers to questions. I am aware that there are no willful misrepresentations comission or falsification, my application may be rejected, or if already employed, my employment may be terminated. References and pree employers will be contacted to confirm statements unless otherwise indicated. I also understand that if officed employment by Harris Cour will be required to pass a drug test as a condition of employment.	From: (Month/Year)	To: (Month/Year)	Final Salary:	No. Of Persons Supervised:		Full Time
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The management of the property	•	Home or	lefinite knowledge of yo Business Address	ur qualifications.		
DATE: APPLICANT'S SIGNATURE*:	Full Name By submitting and signion been employed, or wikept in the usual course request for information employment. I authorize investigation falsifications in the foreomission or falsification employers will be contact will be required to pass a	ng this application, I author th whom I have sought emple of business, including but by Harris County. The information of all statements contained going statements and answer, my application may be rejected to confirm statements under the drug test as a condition of extending the confirm statements and answer the drug test as a condition of extending the confirm statements under the confirmation of the confirmation o	definite knowledge of your Business Address et/City/State/Zip Code) ize and request any publication, to supply Harring and remation obtained may be done in this application. I ers to questions. I am acted, or if already employments otherwise indicated, employment.	phone Number ic or private business or a County with any and all dalcohol test results obee used by Harris County certify that there are noware that should an inverted, my employment mare I also understand that if	other employee followed the cords pertaining tained within sixty in making decises willful misrepresestigation disclosed by the terminated. Toffered employments	or whom I have working to me that have become that have become that have become with regard to me that the sentations, omissions any misrepresentation References and previous that the Harris County